

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☐ New
☒ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify)**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

*** 5b. Federal Award Identifier:**

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Columbia River Inter-Tribal Fish Commission

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

93-0695227

*** c. Organizational DUNS:**

086625019

d. Address:

*** Street1:**

700 NE Multnomah Street

Street2:

Suite 1200

*** City:**

Portland

County:

Multnomah

*** State:**

OR

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

97232

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

*** First Name:**

Jon

Middle Name:

*** Last Name:**

Matthews

Suffix:

Title:

Finance Director

Organizational Affiliation:

Columbia River Inter-Tribal Fish Commission

*** Telephone Number:**

(503)238-0667

Fax Number:

(503) 235-4228

*** Email:**

matj@critfc.org

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

K. Indian/Native American Tribally Designated Organization

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.926

CFDA Title:

EPA Indian General Assistance Program (GAP)

*** 12. Funding Opportunity Number:**

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Oregon, Washington and Idaho

*** 15. Descriptive Title of Applicant's Project:**

Columbia River Inter-Tribal Fish Commission Water Quality Coordinator

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant OR-003

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2014

* b. End Date: 09/30/2016

18. Estimated Funding (\$):

* a. Federal \$250,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$250,000

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation**☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name: Babbist

Middle Name: Paul

* Last Name: Lumley

Suffix:

* Title: Executive Director

* Telephone Number: (503) 238-0667

Fax Number: (503) 235-4228

* Email: plumley@crltc.org

* Signature of Authorized Representative:

* Date Signed:

Babbist P. L. G. March 24, 2014

